

PS-10.02, "Inmate Substance Abuse Programs"

SCDC POLICY

NUMBER: PS-10.02

TITLE: INMATE SUBSTANCE ABUSE PROGRAMS

ISSUE DATE: June 17, 2016

RESPONSIBLE AUTHORITY: DIVISION OF BEHAVIORAL/MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

OPERATIONS MANUAL: PROGRAM SERVICES

SUPERSEDES: PS-10.02 Change 2 (August 22, 2011); Change 1 (April 12, 2010); (October 1, 2007); (July 1, 2002)

RELEVANT SCDC FORMS/SUPPLIES: 4-1, 4-2, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-12, 8-17, 17-9, 18-68, 19-11, 19-69, M-122, M-157, M-158, M-161, M-162, M-164, M-173

ACA/CAC STANDARDS: 4-ACRS-4C-06, 4-ACRS-5A-08, 4-ACRS-5A-09, 4-4362, 4-4363-1, 4-4437 through 4-4441

STATE/FEDERAL STATUTES: NONE

THE LANGUAGE USED IN THIS POLICY DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS POLICY DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS POLICY IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

PURPOSE: To establish guidelines for identifying, assessing, and treating inmates with substance abuse problems.

POLICY STATEMENT: The South Carolina Department of Corrections (SCDC) is committed to maintaining the health and well-being of all inmates incarcerated in the Agency. To identify, assess, and treat those inmates who may require substance abuse services, SCDC will provide a continuum of substance abuse treatment programs to the extent that resources and budget allow. The mission of the Substance Abuse Services Program is to appropriately identify and assess the individual and collective needs for substance abuse prevention, intervention, and treatment services within SCDC. In order to meet these needs, the

Division of Health Services will ensure that a broad range of services are available, and the provision of these services will be based on sound research and effective clinical practices through substance abuse services. The major objectives of SCDC's substance abuse services are to: provide levels of substance abuse prevention, intervention, and treatment services that will reduce offender substance abuse; to provide substance abuse prevention, intervention, and treatment services that will increase successful reintegration of the offender into the community; to provide substance abuse services that will reduce recidivism; to continuously evaluate the effectiveness of substance abuse services; and to maintain and increase the quality and quantity of our substance abuse services. (4-ACRS-5A-08, 4-4437 through 4-4441)

TABLE OF CONTENTS

1. RESPONSIBILITIES
2. ORIENTATION AND SCREENING
3. ASSESSMENT
4. REFERRAL
5. REVIEW OF REFERRALS
6. FEMALE ADDICTION TREATMENT UNITS
7. MALE ADDICTION TREATMENT UNITS
8. PROGRAM PARTICIPATION
9. DISCHARGE/TERMINATION
10. READMISSION
11. POST INCARCERATION REFERRALS AND FOLLOW-UP
12. CLINICAL RECORD KEEPING
13. STAFF DEVELOPMENT AND TRAINING
14. DEFINITIONS

ADDENDUM A, "PROGRAM QUALITY ASSURANCE STANDARD OPERATIONAL PROCEDURES

ADDENDUM B, "APPROVED ABBREVIATIONS"

ADDENDUM C, "DOCUMENTATION GUIDELINES: APPROVED NAMES OF STREET DRUGS,
AND APPROVED NAMES OF COMMONLY ABUSED PRESCRIPTION DRUGS"

SPECIFIC PROCEDURES:

1. RESPONSIBILITIES:

1.1 The Division Director of Behavioral/Mental Health and Substance Abuse Services will monitor each program to ensure that appropriate services are provided, program standards are maintained, and contractual

obligations are met by contracted providers. The Director of Behavioral/Mental Health and Substance Abuse Services or designee will visit each program a minimum of one (1) time per year. During each visit, an evaluation will be conducted of the overall program management. The evaluation will include an audit of the following quality assurance indicators:

- Clinical record keeping;
- Mainframe records activity;
- Workforce development;
- EPMS employee appraisals;
- Employee supervision;
- Client observations (group evaluation, assessment, individual counseling);
- Client feedback (client surveys and interviews); and
- Program completion percentages.

1.2 The purpose of the evaluation is to ensure that each program is operating according to the Division's policy and procedure standards. The Quality Assurance indicators total 100 points to average 100% on SCDC Form M-173, "Program Management and Clinical Record Quality Assurance Review Form." A score of less than 85% will result in an unsatisfactory audit.

1.3The Division Director of Behavioral/Mental Health and Substance Abuse Services/Designee will:

- Review, at a minimum, 10% of program clinical records or 10 clinical records once per year;
- Document all findings utilizing SCDC Form M-173, "Program Management and Clinical Record Quality Assurance Review Form," inclusive of the above mentioned quality assurance indicators; (See Addendum A, "Program Quality Assurance Standard Operational Procedures," see Addendum B, "Approved Abbreviations," see Addendum C, "Documentation Guidelines: Approved Names of Street Drugs, and Approved Names of Commonly Abused Prescription Drugs," and SCDC Form M-157, "Quality Assurance

Monthly Audit Form");

- Conduct an exit interview with program supervisors;
- Prepare a report/summary of monitoring visit;
- Submit completed report to the Division Director of Behavioral/Mental Health and Substance Abuse Services within 30 working days after the visit, and disseminate as required; and
- Schedule return monitoring visits as needed. Audit results below 85% will result in the Program Manager submitting a corrective action plan to the Division Director within 14 business days from receipt of audit findings. A second audit review will be scheduled between three to six months from receipt of the corrective action plan. The second unsatisfactory audit can lead to employee corrective action and/or monitoring, training, and technical support conducted by the Quality Assurance Manager/designee specifically around deficiencies.

1.4 Program Supervisors are responsible for developing and implementing appropriate in-house quality assurance protocols that ensure compliance with the utilization of the following BMHSAS forms: SCDC Forms M-162, "New Employee Orientation Checklist," M-158, "Clinical Records Checklist," M-161, "Monthly Report Addendum," M-164, "Group Evaluation," and M-157, "Quality Assurance Monthly Audit-Supervision Form."

1.5 The Division of Classification and Inmate Records is responsible for ensuring that appropriate inmates are assigned to treatment programs as bed space permits.

1.6 Each alcohol and drug treatment program operating within SCDC will have a written document that explains the program's treatment philosophy within the context of the total correctional system. The document will also include goals and measurable objectives. These documents will be reviewed at least annually and updated as needed. The treatment program supervisor will be responsible for documenting this review and maintaining copies of the document and any reviews. (4-4438)

2. ORIENTATION AND SCREENING:

2.1 When an inmate arrives at an SCDC Reception and Evaluation Center, an SCDC staff member will give the inmate an orientation that includes: an educational lecture on substance abuse; a description of SCDC substance abuse programs, admissions criteria, program length, and referral procedures; an overview of SCDC Policies relevant to mandatory program participation; inmate drug testing and penalties for the use/possession of drugs and/or alcohol; zero tolerance; and employee-inmate relations. The Youthful Offender inmate population will receive the above orientation services at their assigned Department of Corrections institution by an SCDC staff member. All offender orientation will be documented in the "program screen" of the Offender Management System.

2.2 While at the R&E Center, the inmate will complete a Texas Christian University Drug Dependency Screen (TCUDDS). The results of the TCUDDS will be used to determine if the inmate reports a history of substance abuse. The results of the TCUDDS (dependent or non-dependent) will be entered into the inmate's Offender Management System record. The TCUDDS may be administered by an SCDC employee who has been trained by a designee of the Division of Behavioral/Mental Health and Substance Abuse Services. A

qualified Substance Abuse or Mental Health services professional will score/interpret results of the TCU DDS. (4-ACRS-4C-06, 4-4362)

2.3 Inmates who receive a score of three (3) or above on theTCUDDS will be randomly selected for program admission as bed space becomes available.(4-ACRS-5A-08,4-4363-1)

2.4 Inmates whose TCUDDS results are invalid (via the Offender Management System), and who have relevant documented histories (i.e., court ordered, alcohol and/or drug driving offenses, or other alcohol and/or drug related offenses) will be selected for the program. Upon admission to a substance abuse program, the TCUDDS will be re-administered to determine its validity, and the inmate will be further assessed for substance abuse program necessity.

3. ASSESSMENT:

3.1 All inmates who are considered for admission to any substance abuse services treatment program will be assessed using a bio-psychosocial assessment model and the Global Risk Assessment Device (GRAD-BH and GRAD-FO). Completion of the assessment phase to determine placement appropriateness will be the responsibility of the receiving program staff and/or treatment team (if applicable). Approval for admissions will also be the responsibility of the receiving program staff and/or treatment team. Deviation from admission/referral guidelines in this policy must be submitted in writing or via the CRTto theDivision Director of Behavioral/Mental and Substance Abuse Servicesand the Deputy Director of Operations. The completed bio-psychosocial assessment and all other related documents will become a permanent part of the inmate's clinical record. When an inmate has been identified as needing substance abuse services and is currently assigned to Prison Industries as a worker, the Addiction Treatment Unit Placement Coordinator (ATUPC) will give the Division Director of Prison Industries 30 days notice in order to allow for placement of other inmate workers. This notification will be made via the CRT. (4-ACRS-5A-8)

(NOTE: Addiction Treatment Unit placement will occur after 30 days and pending the availability of bedspace.)

4. REFERRAL:

4.1 Residential Programs: All potential residential program participants must meet the program eligibility requirements and custody level for the specific program and custody and security requirements. (See paragraphs 9-10 for specific program eligibility requirements.)

4.1.1Each month, the Division of Resource and Information Management (RIM) will generate a computer list of inmates who are potentially eligible for program admission. RIM will provide this list to the Division of Classification and Inmate Records.

4.1.2 The Division of Classification and Inmate Records designated staff person(s) will screen and qualify all potential program participants in accordance with respective program eligibility requirements. Inmates will be admitted to programs as bed space permits.

4.1.3 An inmate with a mental health classification must be evaluated by a Qualified Mental Health Professional before admission to any residential Addictions Treatment Unit can be finalized. All such

referrals will be submitted in writing through the Division Director of Behavioral/Mental Health and Substance Abuse Services for substance abuse services review and approval. Referrals will include, but will not be limited to:

- Mental Health history;
- Current mental health condition and classification;
- Current and/or past prescribed treatments;
- Mental Health treatment plan; and
- Assessment summary.

4.2 Institutional Substance Abuse Program: Institutions that have an assigned substance abuse or clinical correctional counselor will make referrals directly to the assigned counselor. All of these referrals will be documented on SCDC Supply M-122, "Referral/Action Taken Form," or by CRT and must include the reason for referral. In cases of self-referrals, each inmate will submit his/her request in writing (utilizing SCDC Form 19-11, "Request To Staff Member") to the on-site substance abuse counselor.

4.3 Other Referrals: Referrals for all substance abuse services programs may also be made directly to the Division of Behavioral/Mental Health and Substance Abuse Services.

4.3.1 SCDC Staff: May submit inmate referrals using SCDC Supply M-122, "SCDC Referral/Action Taken Form," or via CRT. Referrals submitted via CRT must include the inmate's name, SCDC number, and reason for referral.

4.3.2 Inmates: May self-refer using SCDC Form 19-11, "Request To Staff Member."

5. REVIEW OF REFERRALS:

5.1 All referrals will be reviewed by the appropriate Behavioral/Mental Health and Substance Abuse Services staff. This review will determine whether or not the inmate meets the minimum standards for entry into the recommended program. A referral disposition will be forwarded to the referral source within 30 days of receipt of initial referral. All program admission requirement waivers must be approved by the Division Director of Behavioral/Mental Health and Substance Abuse Services or designee.

6. FEMALE ADDICTION TREATMENT UNITS:

6.1 Camille Graham Addiction Treatment Unit (CGATU): The Camille Graham ATU is a 48 (including 5 YOIP) bed substance abuse treatment program for female inmates. The program treatment design is a modified therapeutic community and is gender relevant to alter substance abuse, criminal, and self-destructive behaviors. In addition, the program places a high priority on post-incarceration supervision and/or follow-up services. The duration of the program is generally between six (6) to nine (9) months. Offenders with chronic medical conditions will be allowed to participate in programming and will be reviewed on a case by case basis. Some of these offenders may be required to remain in their assigned living area, but will access day programming. (4-4439, 4-4440)

6.1.1 Minimum Criteria for Consideration:

- Must meet the custody/security level for the assigned institution;
- Must be classified as dependent by the SASSI or TCUDDS, or assessed as dependent by a qualified Substance Abuse or Mental Health Services professional;
- Must be within 6-48 months from max-out release date or be granted conditional parole relating to substance abuse treatment needs;
- Must not be convicted of a current and/or prior sex crime;
- Must not have Category 4 or 5 detainer;
- Must be medically compliant and stabilized if diagnosed as mentally ill; and
- Must have no documented acts of violence six (6) months prior to admission.

6.2 Level 1 Addiction Treatment Unit (L1ATU): The L1ATU is a 45 (including 5 YOIP) bed substance abuse treatment program for straight time sentenced and the youthful offender female inmates located at Camille Graham Correctional Institution. The program treatment design is a modified therapeutic community (TC) model, and is gender relevant to alter substance abuse, criminal, and self-destructive behaviors. In addition, the program places a high priority on post-incarceration supervision and/or follow-up services. The duration of the program is generally a minimum of six (6) months. (4-4439, 4-4440)

6.2.1 Female inmates who are considered for assignment to the GATU must meet the following criteria:

- Must be between the ages of 17-25
- Must meet the custody/security level for the assigned institution;
- Must be classified as dependent by the SASSI or TCUDDS, or assessed as dependent by a qualified Substance Abuse or Mental Health services professional;
- Should be within 6-48 months from max-out release date or granted conditional parole;
- Must not be convicted of a current and/or prior sex crime;
- Must not have any category 3-5 detainers;

- Must be medically compliant and stabilized if diagnosed as mentally ill;
- Must be medically sound and have NO needs for 24 hour medical services at time of referral;
- Must have no documented acts of violence six months prior to admission.

6.3 The institution of assignment will be notified of pending placement for inmates assigned to special jobs (i.e., Prison Industries, Litter Crews, etc.). When an inmate has been identified as needing substance abuse services and is currently assigned to Prison Industries as a worker, the Addiction Treatment Unit Placement Coordinator (ATUPC) will give the Division Director of Prison Industries 30 days notice in order to allow for placement of other inmate workers. This notification will be made via the CRT.

7. MALE ADDICTION TREATMENT UNITS:

7.1 Lee CI ATU Program: The Lee CI ATU Program is a 256 bed substance abuse treatment program for male straight time inmates. The treatment program design is a Therapeutic Community with emphasis on changing criminal-thinking, developing cognitive skills, and causing behavioral restructuring. The program structure is designed with 256 beds designated as long-term (6-9 months in duration). With this model there is staff oversight of all treatment activities and clinical decisions. The overall goals of the program are to assist participants in changing their attitudes, values, and behaviors that led to drug use, criminal behavior, and incarceration. In addition, the program places a high priority on post-incarceration supervision and/or follow-up services. (4-4439, 4-4440)

7.1.1 Male inmates who are considered for long-term assignment to the Lee CI ATU Program must meet the following criteria:

- Must be classified as dependent by the SASSI or TCUDDS, or assessed as dependent by a qualified Substance Abuse or Mental Health services professional;
- Must be within 9-12months from max-out release date, or supervised re-entry (SRP) date if the crime occurred on or after January 1, 2011, and/or be granted conditional parole relating to substance abuse treatment needs; (NOTE: Inmates eligible for community program/work release assignment may be eligible with longer remaining sentence length.)
- Must not be convicted of a current and/or prior sex crime;
- Must not have any category 4 or 5 detainers;
- Must be medically compliant and stabilized if diagnosed as mentally ill;
- Must have no documented acts of violence six (6) months prior to admission.

7.2 Correctional Recovery Academy (CRA): The CRA is an up to 192 bed (designated for inmates between the ages of 17 - 25) substance abuse treatment program located at Turbeville Correctional Institution for male inmates who have been sentenced under the Youthful Offender Act. The program treatment design is a modified therapeutic community. The CRA has a daily schedule of meetings and activities that are very time-oriented (structured). The program focus is on the community and utilizes a variety of therapeutic community techniques which motivate the inmate to examine his thought processes, past decisions, addiction, anger management, and life skills. Through this treatment process, inmates learn to develop individual and community responsibilities. In addition, the program places a high priority on post-incarceration supervision and/or follow-up services. The duration of the program is generally six (6) months, but may be extended for a period not to exceed 12 months. The TCUDDS and orientation of the Addiction

Treatment Program will be administered by an addictions treatment professional upon the offender's arrival. The addictions treatment professional will determine the offender's eligibility within 30 days of TCUDDS submission. The Program Manager and/or designee will maintain a TCUDDS follow-up log to ensure continuity of services. All referrals will be in accordance with SCDC policy relating to the Youthful Offender Intensification Program. (4-4439, 4-4440)

7.2.1 Male inmates who are considered for the Correctional Recovery Academy must meet the following criteria:

- Must complete TCUDDS screening tool resulting in a positive screening for chemical dependence;
- Must be a court order for alcohol and drug treatment;
- Must have a minimum of 6 - 12 months remaining on sentence;
- Must have no victim/witness opposition;
- Must have no detainers remaining that are category 4 or 5;
- Must have no documented acts of violence 6 months prior to admission.

8. PROGRAM PARTICIPATION:

8.1 Admission - Special Considerations: Inmates who do not meet the admission criteria as outlined for residential ATU programming may be considered on a case-by-case basis. Direct service staff requesting such consideration for an ATU admission will be required to submit a bio-psychosocial assessment and any additional documentation supporting the appropriateness of the referrals to substance abuse services. All such referrals will be thoroughly reviewed by a substance abuse services review team and, in cases where appropriate, re-assessed for additional information and further determination of need. The Division Director of Behavioral/Mental Health and Substance Abuse Services has the authority to waive an exclusionary criteria (except for custody/security level requirements) and initiate an ATU admission. In cases where the inmate is found to be inappropriate for ATU admission, other substance abuse programming (non-residential) as described in the policy will be offered as an alternative as it becomes available.

8.2 Mandatory Participation: All substance abuse treatment programs are Compulsory Programs. Program attendance and positive participation are MANDATORY requirements for all inmates screened as chemically dependent and assessed as having a need for substance abuse services. Failure to comply with the mandatory program requirements will result in appropriate disciplinary action as outlined in SCDC Policy OP-22.14, "Inmate Disciplinary System." Inmates refusing to attend and/or participate in substance abuse programs will be charged with a major rules violation. Only non-program issues may result in inmates being charged with a minor rules violation.

8.3 Incentives for Program Participation in Substance Abuse Services Treatment or Educational Programs: Inmates who are assigned to an SCDC residential Addictions Treatment Unit will be assigned "Minimum-In" Custody Level and will have the privileges associated with this custody level. See SCDC Policy OP-21.04, "Inmate Classification Plan," for additional information. In addition, inmates assigned to an SCDC residential Addictions Treatment Unit may participate in special events within the institution tailored to the specific needs of the substance abusing inmate. (The frequency and duration of these events will vary from

institution to institution, but may include Family Focus Groups, Outside Presentations, and Large Group Activities, etc.)

8.4 Incentives for Completion of SCDC Residential Addiction Treatment Units: Inmates who satisfactorily graduate from an SCDC residential Addiction Treatment Unit may be eligible for the following incentives:

- The successful ATU graduate may request an institutional transfer. (The inmate must meet all custody and security requirements for the requested institution and bed space must be available.)
- The ICC will give consideration to inmates who have successfully completed an ATU when assigning the inmate to a work assignment or recommending vocational and/or academic assignments.

8.5 Incentives for Program Participation and/or Completion of any Substance Abuse Services Treatment or Educational Program:

- Certificates and other documentation showing successful completion will be maintained in the inmate's institutional record and in the automated offender management system. (4-4441)

9. DISCHARGE/TERMINATION :

9.1 Reasons for Discharge or Termination From Any Substance Abuse Services Program: Inmates may be discharged or terminated from any substance abuse services programs for any one or more of the following reasons:

- Successful completion;
- Administrative reason(s), i.e. medical, court;
- Failure to participate/comply with program requirements;
- Institutional disciplinary violations;
- Parole.

9.2 Documentation Required for Discharge/Termination: In all cases, program staff are required to document such actions on SCDC Form 4-6, "Discharge Summary," and enter appropriate information into the Offender Management System (OMS) within 10 working days of the discharge/termination. In cases where successful completion is noted, appropriate discharge planning is required and must be documented as a permanent part of the inmate's treatment record. In cases where an inmate's failure to participate/comply with program requirements is noted, inmates will be charged with "Refusing to Attend the Compulsory Program" as described in SCDC Policy OP-22.14, "Inmate Disciplinary System." All actions will be documented using SCDC Form 19-69, "Disciplinary Report and Hearing Record." All relevant information (such as warning notices) will be attached. All discharges/terminations will be appropriately documented and made a permanent part of the inmate's treatment record.

9.3 Procedures for Discharge/Termination:

9.3.1 Residential Programs: When an inmate fails to participate/comply with program requirements and the program staff determine that the inmate cannot remain in the program, the staff will submit a formal recommendation to the substance abuse services designee who will be the approving authority for such program removals. EXCEPTION: If it is determined that an inmate poses a threat to the security and custody of the institution, or for disciplinary reasons, the Warden or designee may remove an inmate from the program. In all cases, relevant details prompting removal will be documented and made a permanent part of the inmate's clinical record.

- Each request for removal will be submitted in writing via memorandum and/or CRT and will include the inmate's full name, inmate number, and a full explanation of the reasons for the removal;
- Requests must have the initial approval of a Program Supervisor and/or Warden/designee.
- Requests not indicating Program Supervisor's approval and removal reason(s) will not be processed;
- Approved requests will be forwarded to the Division of Classification and Inmate Records for final processing. Requests that are not approved will be returned to the responsible Program Supervisor with a disposition.

9.3.2 Non-Residential Programs: It will be the responsibility of the service provider to submit to the respective Warden or designee in writing the names of inmates not attending and/or participating in assigned programs.

10. READMISSION:

10.1 All requests for re-admission will be considered on a case-by-case-basis. In all cases of unsuccessful completion, an inmate requesting re-admission will not be considered for three (3) months after the discharge/termination date. Approval for re-admission to any substance abuse services program will be the responsibility of the designee appointed by the Division Director of Behavioral/Mental Health and Substance Abuse Services. Refer to SCDC policies relating to the Youthful Offender Intensification Program for additional information related to Youthful Offender Act (YOA) inmates.

11. POST INCARCERATION REFERRALS AND FOLLOW UP:

11.1 In cases of successful ATU completion and SCDC release, the primary counselor of these inmates will be responsible for establishing a follow-up appointment with specific community service provider. Approximately two (2) weeks prior to the inmate's graduation/release from the ATU/SCDC, a program designee will be responsible for contacting a designated liaison at a county substance abuse commission to which the referral is being made. An appointment will be made for the inmate in his/her intended county of residence. Inmate's Transitional Relapse Prevention Plan identifying his/her family or friend recovery partner in the community should be notified of the inmate's Transitional Relapse Prevention Plan scheduled appointments. The primary counselor will ensure that all appropriate documentation (to include SCDC Form 4-4, "Consent for Release of Confidential Information") is completed and signed by the inmate being referred. The primary counselor will forward all relevant and required documentation to the liaison at the county substance abuse commission. The primary counselor/designee will contact the appropriate county alcohol and drug commission liaison for follow-up information not later than 30 days after the appointment date. All contacts will be recorded on SCDC Form 4-6, "Discharge Summary," and made a permanent part of the inmate treatment record. YOIP, ATU program participants will receive post-incarceration referrals and follow-up services from their assigned YOIP, Intensive Supervision Officer (ISO). Program ATU staff will make referrals to YOIP assigned ISO no later than 30 days prior to participant Program Completion. (4-4439)

12. CLINICAL RECORD KEEPING:

12.1 Contents of Clinical Records: All direct service staff (contract or SCDC) under the supervision of the Division of Behavioral/Mental Health and Substance Abuse Services are required to maintain individual

clinical records on each program participant. It will be the responsibility of each program supervisor to establish an appropriate and acceptable record keeping protocol. All record keeping protocols must be approved prior to implementation by the Division Director of Behavioral/Mental Health and Substance Abuse Services. The specific clinical record documentation required by Substance Abuse Services includes, but is not limited to:

- SCDC Form 4-1, "Biopsychosocial Assessment";
- SCDC Form 4-9, "Assessment Summary";
- SCDC Form 4-7, "Individual Treatment Plan";
- SCDC Form 4-8, "Supplemental Treatment Plan";
- SCDC Form 18-68, "Staff Memoranda" (to be used for narrative progress notes);
- SCDC Form 4-2, "Expectation of Participation";
- SCDC Form 8-17, Specified Inmate Drug Testing";
- SCDC Form M-158, Clinical Records Checklist;
- SCDC Form 4-5, "Statement of Client's Rights and Confidentiality";
- SCDC Form 4-4, "Consent for Release of Information";
- SCDC Form 4-10, "Treatment Team Review";
- SCDC Form 4-12, "Transitional Plan";
- SCDC Form 4-6, "Discharge Summary". (4-4439)

12.2 Clinical Records Maintenance and Security: Each program must establish and utilize a clinical records maintenance system. This will ensure that inmate clinical records are accessible when needed, but are maintained and stored with appropriate security measures to ensure the confidentiality of the records. Maintaining records in a single location will present fewer problems in terms of staff time and record security. Therefore, it is a requirement that all programs develop a centralized record system.

12.3 Records Retention: After offenders discharge from the Addiction Treatment Program, inactive files should be forwarded to the medical records area of the current and/or new assigned SCDC institution. Please refer to the SCDC Intranet site for the retention schedule for these records.

12.4 Confidentiality: Program staff members are required to be familiar with Federal Regulations regarding Confidentiality of Alcohol and Drug Abuse Patient (inmate) Records (42 CFR, Part 2) and comply with SCDC Quality Assurance Administrative and Fiscal Standards regarding record maintenance.

13. STAFF DEVELOPMENT AND TRAINING:

13.1 Substance abuse services is committed to the professional development and training of all employees. Employees must utilize SCDC Form 17-9, "Pre-Registration," for all SCDC training. In order to attend training, a written request must be submitted to the appropriate supervisor for consideration and approval. All Substance Abuse employees are required to receive the necessary training as outlined in SCDC Policy ADM-17.01, "Employee Training Standards."

14. DEFINITIONS:

Addiction Treatment Unit (ATU) refers to a housing area in an institution designated to provide intensive substance abuse treatment services.

Biopsychosocial Assessment refers to a clinical assessment administered by a Substance Abuse Services employee which is used to ensure that the most appropriate treatment services are provided.

Texan Christian University Drug Dependency Screen (TCUDDS) refers to the screening instrument administered to inmates to identify substance dependency.

Primary Counselor refers to a specific SCDC or contract employee who has been assigned to provide counseling services to a specific inmate or group of inmates.

Program Supervisor refers to the on-site supervisor of a substance abuse program.

Substance Abuse Subtle Screening Inventory (SASSI) refers to a screening instrument administered to inmates to identify substance dependency.

Substance Abuse Service Provider refers to an SCDC employee assigned to substance abuse services who is designated to provide substance abuse services to the inmate population.

Therapeutic Community (TC) refers to a specific treatment model/approach. This model of treatment is typically used in the SCDC ATUs.

—
s/Bryan P. Stirling, Director

—
Date of Signature

ORIGINAL SIGNED COPY MAINTAINED IN THE OFFICE OF POLICY DEVELOPMENT.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Behavioral/Mental Health and Substance Abuse Services

ADDENDUM A

PROGRAM QUALITY ASSURANCE STANDARD OPERATIONAL PROCEDURES

SPECIFIC PROCEDURES:

1. RESPONSIBILITIES:

1.1 The Division Director of Behavioral/Mental Health and Substance Abuse Services/Designee will monitor each program to ensure that appropriate services are provided, program standards are maintained, and contractual obligations are met by contracted providers. The Division Director of Behavioral/Mental Health and Substance Abuse Services or Designee will visit each program a minimum of one (1) time per year. During each visit, an evaluation will be conducted of the overall program management. The evaluation will include an audit of the following quality assurance indicators:

- Clinical Record Keeping

- Mainframe Records Activity

- Workforce Development

- EPMS Employee Appraisals

- Employee Supervisions

- Client Observations and Interviews (Group evaluation, Assessment, Individual Counseling)

- Client Feedback (Surveys)

- Program Completion Percentages

The purpose of the evaluation is to ensure that each program is operating accordingly as outlined by the Division's policy and procedure standards.

1.2The Division of Behavioral/Mental Health and Substance Abuse Services/Designee will:

- Review, at a minimum, 10% of program clinical records or 10 clinical records once per year;

- Document all findings inclusive of the above mentioned quality assurance indicators;

Clinical Record Keeping:

- Required standard practices will comply with the Division of Behavioral/Mental Health and Substance Abuse Services' Uniform Clinical Records Manual standards for Addiction Treatment Units. (See SCDC Form M-158, "Clinical Records Checklist".)

Mainframe Records Activity:

- Division of BMHSAS, UCR Manual standards for entering Program services are required to ensure efficient records management.

- Program codes for Addiction Treatment Programs are required when recording services. (See attached ATU, Program Services Data (CRT) Activity codes.)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Behavioral/Mental Health and Substance Abuse Services

ADDENDUM A (Continued - Page 2)

PROGRAM QUALITY ASSURANCE STANDARD OPERATIONAL PROCEDURES

Workforce Development:

- Applies to Division of BMHSAS Program's internal trainings.
- Program internal trainings are required once per quarter at a minimum.
- All training will be two hours at a minimum.
- Program staff facilitated training with SCDC uniform security staff once per year at a minimum.
- Conducted by Program Manager or Designee (subject matter expert, guest trainer, etc.)
- Training roster completed for both Program internal trainings and Division of BMHSAS.
- Program internal training roster will be kept in the Program Manager's or Designee's office.
- Proof of attendance to Division of BMHSAS mandatory trainings and all other external trainings will be kept in Program Manager's or Designee's office. (See attached SC Department of Corrections Training Roster.)(Note: Division of BMHSAS mandatory trainings will be listed here.)

EPMS Employee Appraisals:

- Only the Quality Assurance Manager will audit EPMS.
- Required standard practices are to comply with SCDC Policy ADM-11.06, Employee Performance Management System.
- Both Rating official and Concurring official signatures are required.
- Institutional representative/Program management signatures (dual supervision) are required.

Employee Supervision:

- Monthly staff supervision will be provided to everyone who provides clinical services that are evident by the assignment of a caseload.
- Program Managers will provide supervision to their direct reports and Lead Counselors once per month. This should include specific site Program operations.
- Program Managers will ensure all staff in their supervision of chain receive monthly supervision per organizational chart.
- Supervision for clinical counselors include clinical documentation/case management, client observation of either a group evaluation, clinical assessment or individual counseling session, along with sign-in/sign-out work attendance.
- Monthly supervision will consist of auditing one clinical file and observing one of the following client observations: group evaluation, clinical assessment or individual counseling session.
- Program Managers will ensure that the Quality Assurance Monthly Supervision Report, is submitted to the Division Director of BMHSAS by the 10th of each month.

- Supervision will be provided to Administrative personnel once a quarter.
- Supervision Employee log book will be maintained in the Program Manager's office or designee. (See attached Division of BMHSAS, Supervision Forms: QA Monthly Audit Form, Q/A Notification for Review Form and Group Evaluation Form.)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Behavioral/Mental Health and Substance Abuse Services

ADDENDUM A (Continued, Page 3)

PROGRAM QUALITY ASSURANCE STANDARD OPERATIONAL PROCEDURES

Client Observations (Group Evaluation, Assessment, Individual Counseling):

- The BMHSAS, Program Management and Clinical Record QA Review Form, will be used to audit Program staff's facilitation during the Program's annual Quality Assurance Audit. (See attached Program Management and Clinical Record QA Review Form)
- Feedback from observations of the Biopsychosocial assessment and Individual Counseling session will be documented in narrative form and attached to QA Audit report.

Client Feedback (Surveys &Interviews):

- Compliance in submitting "Client Satisfactory Surveys" to Division of BMHSAS, Administrative Assistant no later than the 10th of the month following the client's graduation.

- Quality Assurance Audit team will evaluate Program graduate's "Client Satisfaction Surveys" for the current audit review period.
- Quality Assurance Audit team will conduct verbal client interviews, utilizing the Program Management and Clinical Record QA Review form. A 15% sample size of the population in larger programs and a minimum of 10 clients in programs that are 60-beds or less. The clients interviewed should include the clients of the active files reviewed in the audit.

Program Completion Percentages:

- Program Graduation ceremony held at a minimum of once a month or in accordance to Institutional releases monthly.
- Program Graduation list are kept in the Program Manager's office or designee.
- Addiction Treatment Program client's successful completion percentage should be 75% or more annually.
- Program Bed Occupancy rate averaged 85% or above during the audit period.
- Failure to comply (827) disciplinary charges initiated by program staff is less than 20% for the year in comparison to the program admission rate.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Behavioral/Mental Health and Substance Abuse Services

ADDENDUM B

APPROVED ABBREVIATIONS

{Effective December 2013}

The following are approved abbreviations for use when referencing substance abuse services and programs as outlined in DSAS Policy OP-10.02, "Inmate Substance Abuse Programs."

BMHSAS

Division of Behavioral/Mental Health and Substance Abuse Services refers to a division within The Agency that is responsible for the provision of all substance abuse services.

DD

Director for Division of Behavioral/Mental Health and Substance Abuse Services refers to the responsible person that monitors all substance abuse services within the Agency to ensure that appropriate services are provided, program standards are maintained, and contractual obligations are met by such providers.

ATU

Addiction Treatment Unit refers to a housing area in an institution designated to provide positive substance abuse treatment services.

TC	Therapeutic Community refers to a specific treatment model/approach. This treatment is typically used in the SCDC ATU's.
DDS	Drug Dependency Screen refers to the screening instrument administered to inmates to identify substance dependency.
TCUDDS	Texas Christian University Drug Dependency Screen refers to the screening instrument administered to inmates to identify substance dependency.
SASSI	Substance Abuse Subtle Screening Inventory refers to the screening instrument administered to inmates to identify substance dependency.
CRA	Correctional Recovery Academy refers to the programmatic name for the Addiction Treatment Units located at Turbeville and Trenton Correctional Institution.
CGATU	Camille Graham Addiction Treatment Unit refers to the programmatic name for the Addiction Treatment Unit located at Camille Graham Correctional Institution Unit.
GATU	Goodman Addiction Treatment Unit refers to the programmatic name for the Addiction Treatment Unit located at Goodman Correctional Institution.
HATU	Horizon Addiction Treatment Unit refers to the programmatic name for the Addiction Treatment Unit located at Lee Correctional Institution.
ITP	Individualized Treatment Plan refers to a plan of action for the client to follow while in treatment that includes individual goals and objectives.

LE Learning Experience refers to assignments utilized by staff in an Addiction Treatment Unit program to help clients/residents learn new behaviors. This is done as a result of a rule violation.

BE Behavioral Expectations refers to a written agreement utilized by staff in an Addiction Treatment Unit that specifies unacceptable behavior, the consequences if the behavior is continued, the desired behavior, and a time frame in which the desired behavioral change is expected.

A		
A/V	=	Auditory/Visual
ASSMT	=	Assessment
&	=	And
AA	=	Alcoholics Anonymous
A/O	=	Alert and Oriented
Approx.	=	Approximately
Appt.	=	Appointment
ASAP	=	As soon as possible
A/W	=	Associate Warden
ATU	=	Addictions Treatment Unit

AIDS	=	Acquired Immune Deficiency Syndrome
@	=	At
Admission	=	Admission, Admitted; Administrative
Admin	=	Administer
AKA	=	Also known as
AMR	=	Automated medical record
B		
BIO	=	Biopsychosocial
B/F	=	Black female
B/M	=	Black male
C		
CL	=	Client
CCC	=	Clinical Correctional Counselor
CC	=	Clinical Counselor
C.O.	=	Correctional Officer

Cont	=	Continue(d)(ous)
CM	=	Case Management
D		
DD	=	Developmentally or Intellectually Disabled
Disch	=	Discharge
DOA	=	Date of Admission
DOD	=	Date of Discharge
DOB	=	Date of Birth
Dx	=	Diagnosis
Dr.	=	Doctor
DSM V	=	Diagnostic and Statistical Manual 5th Edition
E		
ETOH	=	Alcohol
Ex	=	Example
Exp	=	Expiration

F		
FFGC	=	Family Focus Group
Freq	=	Frequent, frequency
F/U	=	Follow-up
G		
GC	=	Group Counseling
GED	=	General Equivalency Exam
H		
HX	=	History
H/I	=	Homicidal Ideations
Hall	=	Hallucinations
H	=	Homicidal
HIV	=	Human Immunodeficiency Syndrome
H/O	=	History of
H/S	=	Homicidal/Suicidal
HSC	=	Human Services Coordinator

HSS	=	Human Services Specialist
HTN	=	Hypertension
I		
I/M	=	Inmate
IC	=	Individual Counseling
ICC	=	Individual Care Coordination
ID		Intellectual or Developmentally Disabled
J		
K		
L		
LOS	=	Length of Stay
Lt.	=	Lieutenant
M		

MH	=	Mental Health
MD	=	Medical Doctor
Meth.	=	Methamphetamine
(M)	=	Male
Med(s)	=	Medical, medication(s)
MHP	=	Mental Health Professional
MI	=	Mental illnesses, mentally ill
Mod.	=	Moderate
N		
NA	=	Narcotics Anonymous
NEG	=	Negative
N/A	=	Not applicable
NKA	=	No known allergies
NKDA	=	No known drug allergies
NL	=	Normal
No, #	=	Number
NOS	=	Not otherwise specified

O

Obj.

=

Objective

OTR

=

Order to report

P

PMHX

=

Past Medical History

POS

=

Positive

Psych.

=

Psychiatric

PRC

=

Pre-Release Counselor

PRN

=

As needed

Prog

=

Prognosis, Progress

Pt, pt

=

Patient

PTSD

=

Post-traumatic stress disorder

Q

QA

=

Quality assurance

R		
RCC	=	Re-entry Care Coordination
R&E	=	Reception &Evaluation
Rehab.	=	Rehabilitation
R/O	=	Rule out
Rec	=	Recommend, Recreation
Rx	=	Prescription
S		
S/I	=	Suicidal Ideations
S/H	=	Suicidal/Homicidal
S	=	Suicidal
Sgt.	=	Sergeant
Svc.	=	Service
S&S	=	Signs &symptoms
S/C	=	Sick call
S/P	=	Suicide precautions; status post
Sched	=	Schedule(d)

Stat, stat	=	Immediately
STD	=	Sexually transmitted disease
Sts	=	States
T		
THC	=	Marijuana
TB	=	Tuberculosis
Tx	=	Treatment
TTR	=	Treatment team review
U		
UCR	=	Uniform Clinical Records
U/A	=	Urinalysis
V		
VA	=	Veterans Administration
W		

W/	=	With
W/O	=	Without
Wk	=	Week
WF	=	White female
WM	=	White male
X		
X	=	Times
Y		
Y/O	=	Years old
YRS	=	Years
YR.	=	Year
YOA	=	Youthful Offender Act
Z		

ADDENDUM C

Documentation Guidelines: Approved Names of Street Drugs

(Reference: NIDA, Commonly Abused Drugs 2011)

SUBSTANCE: CATEGORY AND NAME

EXAMPLE OF COMMERCIAL AND STREET NAMES

NICOTINE

Found in cigarettes, cigars, bidis, and smokeless tobacco (snuff, spit tobacco, chew)

ALCOHOL (ethyl alcohol)

Found in liquor, beer and wine

CANNABINOIDS

Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, sinsemilla, skunk, weed

Marijuana

Hashish

Boom, gangster, hash, hash oil, hemp

OPIOIDS

Smack, horse, brown sugar, dope, H, junk, skag, skunk, whit horse, China white, cheese (with OTC cold medicine & antihistamine)

Heroin

Opium

Big O, black stuff, block, gum, hop

STIMULANTS

Blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot

Cocaine

Amphetamine

Bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers

Methamphetamine

ice, crank, chalk, crystal, fire, glass, go fast, speed

CLUB DRUGS

Ecstasy, Adam clarity, Eve, love's speed peace

MDM (methylen-dioxy-methamph-etamine)

Flunitrazepam	Forget-me pill, Mexican Valium, R2, roofies, roofinol, rope, rophies
GHB	G, Georgia home boy, grievous bodily harm, liquid ecstasy, soap, scoop, goop, liquid X
DISSOCIATIVE DRUGS	
Ketamine	Cat valium, K, Special K, vitamin K
PCP and analogs	Angel dust, boat, hog, love boat, peace pill
Salvia divinorum	Salvia, shepherdess's Herb, Maria Pastora, magic mint, Sally-D
Dextrometh-orphan (DXM)	Found in cough and cold meds: Robotripping Robo
HALLUCINOGENS	
LSD	Acid, blotter, cubes, microdot yellow sunshine, blue heaven
Mescaline	Buttons, cactus, mesc, peyote
Psilocybin	Magic mushrooms, purple passion, shrooms, little smoke
OTHER COMPOUNDS	
Anabolic steroids	Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise: roids, juice, gym candy, pumpers
Inhalants	Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitrites (isoamyl, isobutyl, cyclohexyl): laughing gas, poppers, snappers, whippit

Documentation Guidelines: Approved Names of Commonly Abused Prescription Drugs

(Reference: NIDA, Commonly Abused Drugs 2011)

SUBSTANCE: CATEGORY AND NAME	EXAMPLE OF COMMERCIAL AND STREET NAMES
DEPRESSANTS	
Barbiturates	Amytal, Nembutal, Seconal, Phenobarbital; barbs, reds, red birds, phennies, tooies, yellows, yellow jackets
Benzodiazepines	Ativan, Halcion, Librium, Valium, Xanax, candy, downers, sleeping pills, tranks
Sleep Medication	Ambien (zolpidem), Sonata (zaleplon), Lunesta (eszopicline); forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies
OPIOIDS & MORPHINE DERIVATIVES	
Codeine	Empirin w/Codeine, Fiorinal w/Codeine, Robitussin A-C, Tylenol w/Codeine; Captain Cody, Cody, schoolboy; (with glutethimide; doors & fours, loads, pancakes & syrup)
Morphine	Roxanol, Duramorph; M, Miss Emma, monkey, white stuff
Methadone	Methadose, Dolophine; fuzzies, amidone, (w/MDMA: chocolate chip cookies)
Fentanyl & analogs	Actiq, Duragesic, Sublimaze, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango & Cash
Other opioid pain relievers: Oxycodone HCL, Hydrocodone Bitartrate Hydromorphone, Oxymorphone, Meperidine, Propoxyphene	Tylox, Oxycontin, Percodan, Percocet: Oxy, O.C., oxycotton, oxycet, hillbilly heroin, percs, Vicodin, Lortab, Lorcet; Vike, Watson-387, Dilaudid, juice, smack, D, footballs, dillies, Opana, Numporphan, biscuits, blue heaven, blues, Mrs. O, Octagons, stop signs, Demerol, meperidine hydrochloride; demmies, pain killer
STIMULANTS	
Amphetamines	Biphedamine, Dexedrine, Adderall, bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers
Methylphenidate	Concerta, Ritalin, JIF, MPH, R-ball, Skippy, the smart drug, vitamin R
Dextromethorphan (DXM)	Found in some cough and cold medicines; Robotripping, Robo, Triple C

